THIS APPLICATION IS TO BE USED FOR MAIL REQUESTS FOR DEATHS OCCURRING IN $\underline{\textbf{BOSTON ONLY}}$

REGISTRY DIVISION ROOM 213 1 CITY HALL SQUARE BOSTON, MA. 02201 PLEASE PRINT

FULL NAME OF				
PERSON ON RECORD				
	First Name	Middle Name	Last Name	
DATE OF DEATH				
PLACE OF DEATH				
		Name of hospital or fac	ility	
ADDITIONAL IDENTIFYI	NG INFORMATION			
Age at time of death		Residence at time of death		
APPLICANT'S NAME				
MAILING ADDRESS:				
RELATIONSHIP TO PERS CERTIFICATE IS REQUES				
SIGNATURE OF APPLICA	NT		DAYTIME PHONE	

FEES FOR DEATH CERTIFICATES:

- If obtained in person at City Hall, the fee is \$12.00 per copy
- If obtained through the mail the fee is \$15.00 per copy
- Additional copies ordered at the same time are \$12.00
- For records prior to 1870 there is an additional \$10.00 research fee per record.
- There is a 3 to 4 week wait for mail requests.

HOURS OF OPERATION:

Monday and Tuesday between 9:00 a.m. and 4:00 p.m.;

Thursday and Friday between 9:00 a.m. and 4:00 p.m.

Closed Wednesdays and Weekends.

Make check or money order payable to the City of Boston.

The Registry Division does not accept credit cards for payments.

Please Note:

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If you need expedited service and have a major credit card you may also contact the Division of Vital Statistics at (617) 740-2600 or 740-2606. They have all Massachusetts records for the years 1911 through the present. Call them for fee information, as their fees are different than this office.